2011 FALL REGISTRATION FORM
FIRST FREE CHURCH

Please complete both sides of this form to register your child(ren) for fall Sunday morning classes. We cannot place any child in a class until they are registered**. Please return by Sunday, August 14.**

Father/Guardian Information

Name: _____
First Last

Address: _____
Street Apt #

_____
City State Zip

Primary Phone: _____ *Cell Phone: _____ *Email: _____

** Cell phone information will be used to contact you on Sunday morning in the event of an emergency. Email will be used for teacher contact.*

Mother/Guardian Information

Name: _____
First Last

Address: _____
(If different) Street Apt #

_____
City State Zip

Primary Phone: _____ *Cell Phone: _____ *Email: _____

** Cell phone information will be used to contact you on Sunday morning in the event of an emergency. Email will be used for teacher contact.*

Child Information

Children **live** with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____
name/relationship

Children **attend** with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____
name/relationship

Children will usually attend: ☐ Both services ☐ 1st service only ☐ 2nd service only

In case of emergency, please tell us the expected location of adult(s) who attend with children:

1st Service: _____ 2nd Service: _____

Please complete other side.

Child Information (continued)

Child's Name: _____ Gender: ☐ male ☐ female
First Last

Birth date: _____ Grade: _____ School: _____
mm/dd/yy

Allergies/Special Needs: _____

Child's Name: _____ Gender: ☐ male ☐ female
First Last

Birth date: _____ Grade: _____ School: _____
mm/dd/yy

Allergies/Special Needs: _____

Child's Name: _____ Gender: ☐ male ☐ female
First Last

Birth date: _____ Grade: _____ School: _____
mm/dd/yy

Allergies/Special Needs: _____

Child's Name: _____ Gender: ☐ male ☐ female
First Last

Birth date: _____ Grade: _____ School: _____
mm/dd/yy

Allergies/Special Needs: _____

Family Information

First Free is trying to provide opportunities for people to get together within neighborhoods. We are identifying neighborhoods by the public high school district in which you reside. It would be helpful if you would provide this information.

Public High School or District _____

Photo Release

I understand that photographs, sound recordings, and/or video recordings of my child(ren) may be taken during First Free Church, Kid Connection events, and that this material may be published or displayed in non-profit publications (including website, photos, videos, audio, brochures, etc.) without limitation, reservation, or compensation.

_____

Parent/Guardian Signature Date

Please return this form to the Kid Connection registration desk or mail to:
First Free Church, Kid Connection; 1375 Carman Rd.; Manchester, MO 63021.